

Chatzidakis, A., Shaw, D. and Allen, M. (2018) A psycho-social approach to consumer ethics. *Journal of Consumer Culture*,  
(doi: [10.1177/1469540518773815](https://doi.org/10.1177/1469540518773815))

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Deposited on: 10 May 2018

# **A Psycho-Social Approach to Consumer Ethics**

## **Abstract**

Research into consumer ethics has grown considerably over the last two decades. However most studies adopt either a psychological or a socio-cultural approach and there has been little in the way of bridging the two together. Accordingly, we draw on Kleinian psychoanalysis as a means of advancing an explicitly psycho-social understanding of consumer ethics. Following an emerging tradition that conceptualises moral dilemmas as questions of care, rather than abstract principles of moral and environmental justice, we conceptualise consumer care as a capacity that for its extension across difference and distance is subject to a variety of biographical, inter-subjective and institutional-level processes. Subsequently, we attempt to redress forms of theoretical reductionism noted in both psychological and socio-cultural accounts of everyday morality in consumption. We corroborate a more nuanced, mid-ground conceptualisation that neither precludes nor overstates the possibility of consumer agency whilst also locating agency in inanimate objects. Finally, we offer a methodological contribution by introducing a psychoanalytic (Kleinian) approach to analysing textual and visual data.

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## **Key words**

Care, consumption, ethical, morality, psychoanalysis, Melanie Klein

## 1. Introduction

Research on the intersection between ethics and consumer culture has grown significantly since the 1990s (e.g., Gabriel and Lang, 2008). Encapsulated in terms such as green (e.g., Conolly and Prothero, 2008; Thøgersen, 2006) and ethical consumption (e.g., Carrington, Neville & Whitwell, 2010; Shaw and Shiu, 2003), anti-consumption (e.g. Leipämaa-Leskinen, Syrjälä, and Laaksonen, 2016; Portwood-Stacer, 2013) and political consumerism (e.g., Micheletti, Follesdal & Stolle, 2004), extant studies have followed two main paradigmatic traditions. The first takes a more psychological or socio-cognitive perspective and attempts to understand consumer ethics in terms of individual attitudes and decision-making processes (e.g., Shaw and Shiu, 2003). The underlying premise is that consumers' ethical judgments (or related attitudinal constructs) inform buying intentions which are in turn an effective proxy for actual behaviour (Fukukawa, 2002). This assumption prevails regardless of the widespread observation of "attitude-behaviour" gaps (Carrington et al. 2010). That is, consumers' professed concerns with issues of environmental and social justice are rarely manifest in behaviours such as buying "green" and "fairly traded" products.

A second tradition seeks to develop a more culturally-oriented understanding, focusing on themes such as social identities, consumption communities and socio-culture factors that determine the nature and scope of (ethical) consumption (e.g. Papaoikonomou, Cascon-Pereira, and Ryan, 2016; Ulver-Sneistrup, Askegaard, Kristensen, 2011). This increasingly influential literature points instead to how ethical attitudes and "attitude-behaviour gaps" are methodological constructions of a positivistic research tradition that insists on viewing consumers as largely autonomous and rational, stripping away the broader socio-economic and cultural context of consumption. A common observation is the contingent nature of ethics and how consumers are ultimately constrained within the broader institutions of consumption

and modes of production (e.g. Thompson and Coskuner-Balli, 2007). However, perhaps because of an underlying urge to break away from the individualising tendencies of the positivist, psychologically-oriented tradition, more socio-culturally oriented studies have to a large extent failed to overcome the impasses of dualistic terms i.e. agency versus structure, individual versus society. Furthermore, common in both research traditions is an implicit model of morality that can be described as an “ethic of justice”, emphasising issues of autonomy and rationality contrasting with an “ethic of care”, an alternative philosophical tradition that emphasises the relationality, interdependence and gendered nature of ethics (Williams, 2001). In this article, we draw on these key observations to develop an alternative psycho-social approach that is informed by Kleinian psychoanalysis.

In applying a Kleinian perspective to consumer ethics, our purpose is threefold. First, following Klein’s work and other prominent “care theorists” (e.g., Chodorow, 1978; Gilligan, 1982), we shift our analytic focus to *care* in (and via) consumption as opposed to questions of environmental and social *justice* that underpin dominant understandings of consumer ethics. In doing so, our study aligns with an emerging stream of consumer research (see Shaw, McMaster & Newholm, 2016; Shaw, McMaster, Longo & Özçaglar-Toulouse, 2017) that conceptualises moral decisions as issues of care and commitment rather than individual choices based on calculated outcomes. Second, we corroborate a model of consumer morality that moves beyond both psychological and socio-cultural traditions to point instead to how the psychic and the social are mutually constitutive. Using Kleinian psychoanalysis, we attempt to overcome dualisms of inner versus outer, individual versus society to develop a more nuanced account of how “external objects” become “internal” (or part of consumers’ psychic reality); but also how seemingly external socio-cultural phenomena can reflect primary intrapsychic experiences. Third, we aim to offer methodological developments by using (Kleinian) psychoanalysis as an approach to analysing visual and discursive data and

reflect on both the merits and limitations of a more penetrative, psychoanalytic approach to analysis.

## **2. Consumer ethics: From justice to care**

The literature on consumer ethics, while varied in objects of study, most often tends to adopt some version of a psychological account of consumption by focusing on issues, such as, cognitive dissonance, learning and commitment. In this vein researchers have attempted to understand consumers' "ethical decision-making process" by drawing on socio-cognitive and attitudinal models originally applied in other fields such as Ajzen's theory of planned behavior (1985, 1991) and Hunt and Vitell's (1986, 1992) general theory of marketing ethics. The inability of these models to fully account for ethical behavior and how such behavior is organized has prompted an emerging stream of 'interpretive' and cross-disciplinary research that criticizes the view of consumers as rational and largely autonomous individuals that consciously factor ethical concerns into their overall attitudinal judgments. Instead, these studies attempt to situate consumer ethics within their broader social, historical and cultural context (see for example, Barnett, Cloke, Clarke and Malpass, 2010).

Altogether such critical studies challenge both the individualizing tendencies of micro-level psychological traditions, that are preoccupied with decision-making models, and the conceptualization of "consumer ethics" in empirically descriptive terms (i.e., based on what consumers actually "say" and "do"; cf. Beauchamp, Bowie & Arnold, 2008) that ignore the broader ideological context of consumption. This critical literature is consistent in framing consumers as socially embedded agents that are constructed and constrained by the broader institutions of consumption and modes of production they act within (e.g., Thompson & Coskuner-Balli, 2007). More socio-culturally oriented studies, however, have failed to overcome the impasses of a series of problematic dualisms including agency-structure and

individual-society. Put plainly, the field of consumer ethics still lacks accounts of practice that recognize moral choice and agency without bracketing off the institutional and structural determinants of consumption.

Furthermore, common in both psychological and socio-cultural accounts of consumer ethics is the privileging of a model of morality that is based on an ‘ethic of justice’. Paralleling the dominance of the justice model in other fields (see, e.g., Hollway, 2006), studies on consumers’ ethical decision-making continue to emphasize the autonomous and rational nature of moral choice. This contrasts with an emerging tradition which, drawing on feminist philosophers, proposes an “ethics of care”. Noddings (1984) while making a distinction between “natural” and “ethical” caring also points to the relationship between them, highlighting that naturally occurring caring relationships are rooted in ethical imperatives. Care ethics is, thus, by its nature relational. Critiquing the gendered dimension of care (Noddings, 2003), where care is frequently conceived as residing within the private domain, such as, the household and, therefore, feminine in character; the current literature on care ethics ventures to emphasize that moral decisions are socially embedded and have strong relational dimensions. For example, Gilligan’s (1982) well-known critique of Kohlberg’s account of children’s moral development was based on how decidedly masculine moral principles, such as abstract and impartial reasoning were viewed as reflective of a higher-level of moral development compared to feminine values that focus on the details of interpersonal relationships and care for other people’s needs. Shaw et al. (2016) observe that, although the term care has been employed in many studies of consumer ethics, there have been no attempts to provide definitional clarity or explicit linkages with the care ethics literature. Subsequently, these authors draw on the “grammar of care” (Tronto, 2013), such as, the well-established distinction between “caring for” and “caring about”, to illustrate that consumers’ experiences of everyday moral dilemmas in their consumption largely resonate

with the different ways in which care has been conceptualized in the care ethics tradition. Important, therefore, is Tronto's (2013: 19) definition of care that documents care as existing across "our bodies, ourselves and our environment". This highlights a "landscape of care" (Milligan and Wiles, 2010) or "caringscapes" (Popke, 2006) that are multilayered embodying both micro, individual and wider spatial and structural dimensions. Such an understanding favors "interdependence over individuation" (Smith, 2005) and challenges the distinction between individual and society, between the inner and the outer. We turn now to Kleinian psychoanalysis for this very purpose.

### *Melanie Klein and relations of care*

The work of Melanie Klein is most commonly identified with "object relations" and "relational" psychoanalytic traditions, which are distinguished from Freudian and Lacanian approaches (e.g., Frosh, 2010). Objects in this tradition have a definitional specificity that differs from their colloquial usage or the way they are understood within the consumption literature. Instead, they are entities – both inanimate and animate - that the infant becomes involved with and can impede as well as facilitate its developmental process. Such external objects – for example, the "good" and the "bad" breast – are not objective things but internal projections and introjections of the infant's psychic reality. In other words, infants (and adults) are assumed to continuously internalize and re-externalize their outer world in the form of objects that are invested with symbolic meaning. This eschews the dualist view of inner/outer worlds or subject/object relations commonly assumed in consumer research (for exceptions see e.g., Cook, 2008; Woodward, 2001). The way that subjects and objects arise in tandem is further explicated in Klein's theorization of paranoid-schizoid and depressive positions and the related mechanisms of projective identification and introjection.

Melanie Klein's *paranoid-schizoid* position represents a primitive mode of mental organization, located during the infant's early developmental stage (first few months) and characterized by inability to experience the mother (or caregiver) as a whole object. Instead, the caregiver is split into a "good breast" and a "bad breast" with corresponding feelings of love and hate. These early affective states are *schizoid* because bad and good objects are split. They are *paranoid* because of the threat entailed in realizing that the good object associated with satisfaction (the feeding breast) is also a frustrating object (non-feeding breast) that cannot be relied upon. A bad experience (e.g., frustration of hunger) provokes rage against the object (e.g., the bad breast) as well as persecutory anxiety that bad objects may retaliate for the range that has been projected upon them. As Hollway (1999: 5) explains the implications of this position for morality is that there can be no real care for others:

More often than not the bad is projected out so that the self can be experienced as good. Hate is split off from love and if hate is predominating, the capacity for concern is unattainable...the morality associated with this position is...'an eye for an eye and a tooth for a tooth'.

Although at some point the infant becomes capable of experiencing the mother as a whole object, moving onto the depressive position, paranoid-schizoid modes of relation are assumed to continue throughout adulthood, in periods that are characterized by intense anxiety or threat to one's psychological survival.

The *depressive* position reflects a later developmental stage in which the infant moves from a part-object to a whole object relation and becomes capable of recognizing good and bad aspects in the loved and loving object (first being the mother or caregiver) that it has previously inflicted harm upon. Subsequently the infant experiences an intrinsic sense of guilt that prompts reparation. This type of "reparatory guilt" is distinguished from the



“persecutory guilt” or anxiety of the paranoid-schizoid position and is viewed as fundamental to a more mature model of moral sensibility where both good and bad qualities can co-exist in the same object. According to Segal (2004: 43), it is only at this position that the capacity for “real caring” can be actualized, as others have first “...to be seen as human beings with their own characteristics, rather than simply parts of the self”. And yet as the tension between paranoid-schizoid and depressive positions continues, so does real caring, constantly relying on an ability to view other objects as neither idealized (too good) nor monstrous (too bad).

As Hughes (2008) explains, whereas Freud’s theorization of the superego paved the way for psychoanalytic understandings of morality, it was Klein’s advancement of the paranoid-schizoid and depressive positions that provided the bedrock for more nuanced accounts of moral subjectivity. On the one hand, the persecutory anxieties characterizing the paranoid-schizoid position were in line with the “persecutory guilt” that Freud viewed as an inescapable part of human existence following the Oedipal configuration, but Klein located earlier, in the infant’s dyadic relationship with the mother or caregiver. On the other, Klein’s depressive position allowed for a different type of moral sensibility, one grounded on “depressive guilt” and “reparative urges” (e.g., Grinberg, 1964). For Kleinian and post-Kleinian scholars this was reflective of a higher stage of moral development that allows “real care” to develop. According to Alford (1989; cited in Hollway, 2006: 48), for instance, whereas it was the model of “talion morality” (i.e., an eye for an eye and a tooth for tooth) characterizing both Freud’s guilt-based model and Klein’s paranoid-schizoid positions, the depressive position is ‘based not merely upon the desire to make sacrifices, in order to make reparation for phantasized acts of aggression; it is based also upon an ability to identify deeply with others, to feel connected with their fates. This is the morality of the depressive position – reparative morality, it might be called. It might also be called simply *caritas*’ (ibid.).

Within Kleinian models of morality it is, therefore, care rather than guilt that is foregrounded as the guiding analytic concept. But as Hollway (1999: 6) explains, what is distinctive in a Kleinian approach compared to other philosophical and empirical traditions of care ethics is the insistence on viewing care as a developmental process that is both intrapsychic and relational:

Unlike either Gilligan's valuation of connection, or postmodern emphases on the multiplicity and diversity of the self, Klein regards developments towards integration of ego and object (which are two sides of the same process) as crucial to mental health and creative action in the world. She also regards the achievement of an integrated ego as a precondition for the morality of care associated with the depressive position.

In summary, a Kleinian approach to consumer ethics provides a radically different account of morality than those prevailing both within psychological and socio-cultural traditions. From our position, consumption objects are viewed as part of consumer psychic realities – through mechanisms of introjection and projection. Furthermore, rather than emphasizing rational and instrumental moral reasoning, a Kleinian perspective foregrounds “reparative reasoning” or the “capacity to care” (Hollway, 2006). This approach extends an emerging chorus of interdisciplinary literature advancing the language of care, while remaining sensitive to the importance of social relations, particularly in the sense that, unlike the rational actor of ethical decision-making models, extensions of care across psychic relations are viewed as reliant on a combination of intersubjective experiences and institutional supports that make reparative reasoning possible.

### **3. Method**

According to Clarke (2002: 173) addressing unconscious forces and motivations adds another level of analysis, one that can provide us “... with a deeper understanding of both individual

experience and the social psychodynamics that operate in the construction of the research environment”. This research is grounded in the assumption that through researching social relations there is scope for uncovering psychic processes and mechanisms, yet we remain sensitive to our usage of psychoanalytic principles as a heuristic framework rather than a therapeutic process (Frosh, 2010).

Twelve individuals were recruited through snowballing techniques in 3 UK cities and were asked to take part in a two-stage interview focused on “issues around care in consumption”. The sampling approach was purposive in the sense that the researchers sought to reach participants with maximum variation in terms of their approach to consumer ethics. In achieving this, one group was self-identified as “radical consumers” (e.g., taking part in activities such as “freeganism” and alternative trading networks), one as “ethical consumers” (e.g., buying ethical and green products) and the last one as “ordinary consumers” (i.e., they were not identified as either “ethical” or “radical”). Each participant was invited to a one-to-one interview, then, in the second stage (approximately one month later), participants were invited to take part in a group interview (comprising four participants each). Our sampling is consistent with research seeking a depth of understanding in both an individual and group setting (Johnson et al. 2010). In terms of sample characteristics, participants’ ages ranged from 23-56 years old, there were five men, seven women and were of varied occupational and socio-demographic backgrounds. At the time of our fieldwork they were all UK residents.

A novelty of our approach was the reliance on both discursive and visual data. During the first round of interviews participants were asked to bring at least eight pictures that represent their thoughts and feelings about care in relation to consumption. The approach resembled what is known as “photo elicitation” (e.g, Harper, 2002) but participants were asked to collect images of their own choosing, fostering a sense of ownership and collaboration between

researcher, participant, image and conversation (Warren, 2012). Participants were encouraged to talk about the images in anyway relevant to them and the key principle was to respect the “narrator’s gestalt” (Hollway and Jefferson, 2000).

Three group interviews were held with participants and the approach taken borrowed from sociological intervention methodology (Dubet and Wieviorka, 1996; Touraine, 1978). In the course of the interviews the researchers used group work to co-create a space for “performing a work of analysis” (Touraine, 1978: 59) which fostered the contingent unfolding of interaction. Touraine (1978) argues that this places participants in a social relationship, thus, fostering negotiation in a collective setting around a common point of reference. This practical aspect of the process was facilitated through an invitation for participants to use the images, markers, flipchart and standard paper, scissors, laptop and sticky tape and tack as they wished. When the process was complete participants were asked to talk about their shared experience in terms of their own individual perspective to explain what they had created.

We systematically coded, sorted and analyzed the data with the aim of identifying common patterns, themes and sub-themes. This could be described as “thematic analysis”, or more appropriately, “theoretical thematic analysis” (Braun and Clarke, 2006) as we were explicitly interested in examining the applicability of Kleinian metaphors and concepts to the data.

Although this is viewed as a top-down or deductive approach our analysis retained an inductive element, in the sense that themes were peer-reviewed and revised through multiple iterations or interpretative cycles between the theory and the data. As noted above, psychoanalytic ideas were viewed as a means of “thickening” or enriching our interpretive understanding but we also remained sensitized of their capacity to restrict it (Frosh and Baraitser, 2008).

#### 4. Findings

Our findings identify the Kleinian dynamics of projection and introjection as well as transitions from paranoid-schizoid to depressive positions. In order to properly detail these findings we offer deep-readings of three illustrative participant narratives (Chris, Chloe and Mary) and a commentary on the group interview. This reflects our broader theoretical observations which, corroborated across the project data corpus, we have elected to present here in a deeper biographical or “gestalt” format in line with previous psychoanalytically-informed research (e.g., Hollway and Jefferson, 2000).

##### *Chris in the Paranoid-Schizoid Position*

Chris is a 24 year-old student who has been involved in various ultra-left activist movements and self-identifies as “freegan” (e.g., Pentina and Amos, 2011), that is to say the majority of things that he consumes are secondhand or collected through litter bins and social spaces that encourage sharing of goods and services (cf. Portwood-Stacer, 2013). In line with other participants, most of the images he disclosed in the first stage of interviews depicted “objects” (both human and nonhuman) that he related to care on the basis of personal life stories and experiences. His dominant mode of thinking, from a Kleinian perspective, was based on splitting (paranoid-schizoid) mechanisms. For example, he often applied in-group/out-group distinctions and identified others as “bad objects” (the middle class, the authorities, police, etc) and “good objects” (e.g., working classes, political comrades; cf. Ulver-Sneistrup et al., 2011). This distinction corresponded to practices of “carelessness” and “caring”. Shop managers and assistants that destroy leftover food, for instance, were careless and do it out of “personal choice”, as a means of exercising power.

A central theme emerging through Chris's account revolves around a need to reclaim a sense of agency in the face of a socio-economic and cultural system that is inherently unjust and "careless". In doing so, Chris used his skills and tactical knowledge to take advantage of the "cracks" or "leftovers" of capitalist markets. In this process, objects that were at first identified as "bad" were in turn re-internalised as "good objects" (good sofa, good sushi) in so far as they were reclaimed and formed part of the symbolically extended (e.g., Belk, 1989) and empowered self. Free (scavenged) sushi, for instance, is subsequently experienced as a "good object":



Every time I go to a bin and open a bin and find exactly what I'm looking for or even something that I'm kind of surprised about it feels a little bit like Christmas every single time. It's immensely satisfying and always has been to find waste that you can use...But I suppose it's like it's the added joy of that is that you're able to feed yourself on something that actually cost quite a lot monetarily. I think that sushi for instance is such a middle class kind of luxury food in a way [Chris]

This brief interpretation of Chris's relation to objects challenges the assumption of a single self with clear-cut boundaries from the external world and objects. Instead, Chris's psychic

reality comprises favorite objects that are “taken in” (introjected) and objects that are “put out” (projected) with a view to experience himself (and his kind) as good and caring. But this process is also fluid and dynamic, relying on Chris’s ability to re-introject/project previous good/ bad objects in his constant quest for autonomy and empowerment.

Our interpretation is psycho-social in so far as it recognizes that Chris’s accounts are “both common and unique, social and biographical, discursive and defended” (Hollway & Jefferson, 2000: 19). For instance, Chris contrasts his investment in practices, such as, scavenging and squatting to more normative ways of organizing consumption, again this is analytically consistent with a paranoid-schizoid splitting of good-bad. He refers, for instance, to the more commonplace view of scavenging as bad, “polluting” and “contaminating” (Douglas, 1966):

People are worried about hygiene they think something in a bin it must be contaminated, it's rubbish. People find it really hard to sort of psychologically breakdown these little barriers of cleanliness that just are not real [Chris]

Likewise, he refers to common discourses that express hostility towards practices, such as, squatting:

So when you take a house, when you take an empty house and you go and live in it people instantly point fingers at the kind of person you are. Where you are sitting in this sort of class system, often in the newspapers during the whole sort of illegalization of squatting it was two things. It was either you were a Polish immigrant stealing someone’s house or you were a middle class English person just wanting to live for free... [Chris]

In a sense, Chris's account, therefore, relies on inverting the splitting order of a dominant socio-economic system that is also reliant on in-group/out-group and good/bad dichotomizations. Indeed, for authors such as Healy (2010: 501), the general hostility towards alternative economy frameworks represents "an unconscious identification with and defense of the self-interested economic subject" by people who still adhere to the prevailing status quo. This is often institutionalized into legal and moral sanctions centered on "punitive" (paranoid-schizoid) rather than "reparative" (depressive) reasoning (e.g., Rustin, 2006). This becomes explicit when Chris went on to discuss the criminalization of scavenging in Madrid. He noted that scavenging for food "does not look good for the city" demonstrating how the punitive reasoning of others is introjected and projected to place accountability for setting the terms of an ethical relation with another subject (Winnicott, 1986: 50), in this instance the Mayor of Madrid. A schizoid tension exists here, between the care for urban aesthetics in Madrid and Chris's consumption practices that are outlawed in that city, this is accompanied by paranoid anxieties associated with the unlikely threat of Chris himself being arrested by Spanish authorities while residing in Britain. This paranoid-schizoid position frames Madrid's mayor as uncaring, creating a projection upon which Chris's future ethical relationship to his own consumption and the consumption of others can be acted upon.

### *Chloe in the Depressive Position*

Chloe is 38 years of age and a full-time working mother of two, she self-identifies as an "ethical" and "green" consumer. Compared to Chris, her accounts are reflective of a predominantly depressive rather than paranoid-schizoid position. Attempts are constantly made to engage in reparation (of e.g., environmental pollution, trading relationships with the Third World) whilst caring for her children and emphasizing the importance of being a "good enough mother" (Winnicott, 1953):



Children come along and it all changes... It's about priorities changing and it's also about knowledge, understanding more. And it's about me changing as a person because I've worked on myself so that my internal changes has changed everything on the outside [Chloe]

Chloe often projects onto the environment maternal qualities (e.g., she refers to it as “nurturing” and “caring”) and is highly concerned about the sustainability of her family’s consumption practices. At the same time, in line with previous studies (e.g., Heath et al., 2016), she acknowledges that care for the environment and extended others is often traded against issues such as convenience, immediate family needs and so on, highlighting the challenges of expressing care in consumption in a consumer orientated society. Nonetheless, a sense of relationality and reparatory urges (key characteristics of the depressive position) remain a predominant theme throughout her accounts:



These pictures depict nature and closeness to nature and the care in my experience of that is that, for example, we chose a house that is next to the woods...And also they are holding hands so they've still got that connection but it's different from the one I

showed you before where they're very intimately connected eye to eye...So as a consumer choice, to live like that is a lifestyle that is really important and also it cares for me. It cares for my health, it cares for my well-being, cares for my kids, and my family, and there is a sense of connection to the nature and Earth [Chloe]

Chloe's ability to integrate good and bad qualities and experience other objects as independent (here her children) is also illustrated in a variety of mother-object-child contexts. In relation to toys and food items, for instance, she talks about her attempt to not fully govern her children and to negotiate instead a balanced (depressive) position: "It's the moderation thing, is the care" as she puts it. This illustrates the solidification of a depressive position, through ageing and motherhood. It contrasts sharply with the paranoid-schizoid position, which is characterized by focus on one's own (and/or his/her kind's) wellbeing or survival. As Segal (2004: 36) puts it:

In general, the anxieties in the paranoid-schizoid position are life and death anxieties: you or me; my life or yours. Parents and children (or couples or workplaces) functioning in this way do not know how to share, how to care for each other; they each feel that they have to care for themselves since there is nobody else to care for them.

In other words, the move from paranoid-schizoid to depressive positions and vice-versa, parallels movements from unconscious *fears of being destroyed to fears of destroying (and, thus, care for) others*. In doing so, participants drift in and out of "extended caring". The more solidified the depressive position is the more likely they are to care for extended others, to engage in reparatory work and to avoid in-group/out-group or good/bad dichotomizations. In the third analysis we demonstrate, even in cases where extended caring is an explicit concern, that the paranoid-schizoid and depressive positions are not *a priori* codes that

determine the realization of care in consumption; what matters ultimately is how care is introduced and fed back through the tangle of intrapsychic relations.

### *Mary in Visualizing Care*

Mary is aged 27 and works full-time. Compared to other participants, Mary disclosed images that were more symbolic and abstract as opposed to exact representations of objects (human and nonhuman) that she related to care. This allowed a rather different psychoanalytic reading, one focused primarily on the visual. For instance, one of the first images Mary wished to discuss related to a mother-infant dyad:



because it's not inattention but it has to do with visual, we usually think care of someone who looks on the other person and holds it, there is no connection, there is no touch. There is no visual connection and no eyes meet or anything like that, there is almost an opposition in terms of body language. But still I feel that if I could imagine her face it would be a very calm, nice, easy-going moment. There is

presence, they are present for each other but they don't manifest it in mainstream ways that we usually show attention [Mary]

From a Kleinian perspective, this can be read as a symbolic representation of a mother-infant relationship functioning from a depressive position. They are both together and yet apart, recognizing each other's independence but also being present for (and caring of) each other. Later on, however, Mary interprets the shaky waters as an indication that the depressive position is not secure – the fear of returning to a paranoid-schizoid mode is always present:

I think the water, which is not really absolutely quiet, there is a breeze, there is movement. I would say if I could hear something or imagine I hear something it would be like a vibe, but a natural vibe from the water somehow... [the relationship with the mother] cannot always be like this, as if it was always like this you would not appreciate this time. There is a continuum there and there has to be some interruption somehow [Mary]

Eventually, in phantasy, the fear of being persecuted by the loved and loving object registers:

And she does not care she just goes inside and leaves the child to be drowned. Yes it could be a different way of caring about her [Mary]

A Kleinian reading of this image draws attention to the oscillation between paranoid-schizoid and depressive positions, a theme that after a while becomes prevalent in further images presented by Mary:



I think I said cute because I like animals. So there is this kind of care about something nice and stuff like that, but I liked it because it was somehow a bit brutal as well...

Yes maybe it's actually his work or something because there is also a mark on the sheep which I don't know how it's going to end up. I also thought as an after-thought maybe he is feeding it in order to sell it or grow it and cut it in pieces and sell it... So in the beginning it was good but still I kept it because it's maybe different or a more brutal way of thinking of caring [Mary]

If, as Segal (2004: 57) notes, “symbolism develops out of the search for representatives in the external world of objects in the internal one”, one reading of this image focuses on how Mary’s initial search in the “external world” for a “cute” animal soon becomes, in her internal world, a symbolic representation of her anxiety-filled phantasies as an infant. It is of course impossible to corroborate the veracity of such a reading, not least without attempting a more biographical understanding of her account (e.g., Hollway and Jefferson, 2000). However, there was some indication that the theme of oscillating between persecutory and reparatory urges did manifest in Mary’s everyday consumption (and non-consumption) related choices. She acknowledges, for instance, her wish to extend her care to distant others and the

importance she places in “collective care”, which in her words is a kind of care “that is not reduced in the couple or in two people, or between two people...”. If previously we have found that the depressive position, with its reparative reasoning, is more amenable to institutional frameworks, then here Mary’s account offers a cautionary basis that the challenge of realizing care is not simply that of translating reparative reasoning into universal governance structures, a strategy of delusion that is likely to garner the components of omnipotence, denial, triumphalism and over-activity that Stein (using Klein) argues generates ‘a culture of mania’ (2011). At this stage in our analysis it appears that the prospect for an ethic of care is hindered by representational limits for translating and projecting individual psychodynamics onto collective practices. In the final empirical section we turn to consider data collected during group interviews, where participants were invited to work together to produce visual representations of care. It is through these moments of collective activity that we gain analytic purchase on the prospect of the paranoid-schizoid and depressive positions as psycho-social bases of care in consumption.

#### *Group interviews: Collectively (De)Constructing Care*

Here we compare the creative work produced during two of the group interviews (second phase data collection). Group 1 comprised radical consumers (23-29yo; all male; incl. Chris) and the second ethical and green consumers (28-42yo; all female; incl. Chloe). We treat the final outcome of the group exercise (which was to produce a work that represents the group’s understanding of care) as the objectification of both conscious and unconscious dynamics underlying the group as a “collective entity” (e.g., Bion, 1961). Following Bion (1961), who pioneered the application of Kleinian ideas to group relations psychoanalysis, we consider the group’s understanding of “care” as the product of cognitive labor but also emotional activity that corresponds to defenses characterizing the paranoid-schizoid and early depressive

positions. Group 1, from the beginning of the exercise exhibited a far more “uncaring” attitude towards the task at hand:

Alan: I'm not really caring now, I definitely think like how we treat the images is all part of the care...

Chris: How we treat the what?

Alan: The images. I'm being a bit cruel to them...

Likewise, the main outcome of the exercise comprised an assemblage of images that were cut and modified in a rather destructive manner with a view “not to make an ideal image not to try to, but to do something aggressive” (Alan).





In contrast, Group 2 did not modify any of the images. Instead, they were carefully grouped together in a three-dimensional box on the basis of identified common themes, namely, caring, sharing, together, natural environment, world, working together and hard reality.



In a sense, Group 2 mainly functioned according to what Bion (1961) describes as a “work group”. Resembling a person that has dealt with paranoid-schizoid and early depressive anxieties, the group concentrated on the task at hand, organized and treated the images “caringly” and produced a work that recognized both similarities and differences in the different images of care. In contrast, group 1 mainly functioned as a “basic assumption group”, reflecting defenses similar to paranoid-schizoid anxieties. At some point, for instance, the moderator was asked to remind the group what their “task” was, the different images were “cut” and modified “uncaringly”, and the final themes identified (namely,



bodies, gender and ethnicity) were more loosely connected and organized to the initial pool of images.

Although a more extensive psychoanalytic interpretation of such group dynamics would move beyond the scope of our argument, we use this example as a tentative illustration of “care” as a more inter-subjective and collective, therefore, fundamentally psycho-social, capacity. The group context added a further layer of socio-cultural influences to what we had previously identified as anxieties and defenses of individual consumers. Focusing on Group 1, for instance, the paranoid-schizoid mechanisms that were identified during the one-to-one interview with Chris were manifest in the group context but were also reinforced, challenged and materialized in creative group-work. Further, in line with how Chris’s paranoid-schizoid logics and practices reflected unique biographic and psychic defenses but also broader discursive and institutional processes, thus, the group’s care practices cannot be bracketed off from the socio-cultural forces that surround them. In justifying Group 1’s “paranoid-schizoid” anxieties, its members employed discourses that were also registered during the individual interviews; in other words discourses that are already prevalent in cultural contexts. Participants justified the destruction of “air brushed” and “idealized” images of gender, pregnancy, race and ethnicity as an explicit attempt to subvert hegemonic visual and textual representations. For instance:

Nick: I think with the lack of care as you said you know the way some images are presented in their perfect form like photo-shopped and air-brushed is that you know it's very insensitive to people with you know with bad hands, like ugly hands

Chris: it's really sickening having to look at this one version of pregnancy over and over again. The way they market it it's just this perfect like painless, diseaseless, like vomit-free pregnancy which almost no one experiences

Alan: Cruel corporations allow us to kind of use consumption to enact a kind of political care. A care that isn't to do with our bodies or even like directly to do with other peoples bodies or minds and emotions

In contrast, Group 2 relied on more conventional and largely positively-invested discourses around care in consumption. Although “hard reality” was acknowledged as one of the themes, it was discussed less compared to others:

Alice: I don't like to, I mean I'm aware of it but I could read so much of it, but there is so much good so which one will I spend my time on. I can spend all day getting depressed about all this that's going on and it's always going to go on and there are things that keep shifting and changing and so much good comes out of people that do fight for women's votes and whatever...

Related images were put at the bottom of the created box:

Polly: Definitely but when you see how this is on the top and that's on the bottom so when you are doing self you ain't looking at that ugly stuff, that also says something for me....

In summary, our group interviews further corroborate psycho-social dimensions in our understanding of care in consumption by illustrating the inherently relational nature of consumers' caring decisions. Being situated (more often than not) in a group (and more broadly social) context, consumer paranoid-schizoid and depressive positions are further reinforced and/or challenged, ultimately leading to collective urges or failures to care across difference and distance.

## **5. Discussion and Conclusion**

This article advances current theorizations of care in consumption by moving beyond preoccupations with the language of care (Shaw et al., 2016, 2017), to explain why and how some consumers fail to care whereas others successfully extend their caring capacities across difference and distance. More broadly, our study attempts to redress forms of theoretical reductionism noted in both psychological and socio-cultural accounts of everyday care and morality in consumption. On the one hand, it undermines individual consumer choice and decision-making paradigms, by showing that it is impossible to consider moral decisions outside the biographical, relational and socio-cultural context in which acts of care (and failure to care) take place. Consumer actions are neither rational (reliant as they are in unconscious processes that largely escape awareness) nor autonomous in the sense that the “in-here” (consumer’s inner reality) is never far away from the “out-there” (recipients of care). Instead, moral decisions are fundamentally relational and firmly embedded within specific discursive, institutional and socio-economic structures. On the other hand, however, our approach also challenges socio-cultural accounts by showing that rather than lacking any agency, consumers are active in creating a reality that relies, among others, on good objects being introjected and bad objects being projected onto others. This process is fluid, dynamic, and may involve a constant re-introjection/projection of previously experienced as good/ bad objects. Concurrently, agency or some sense of “ethical nature” is ascribed to inanimate objects. Consumption objects not only “add flesh” to care and mediate a variety of (caring/uncaring) human-human relationships but can also “reciprocate” for the care projected upon them (e.g., as discussed in relation to carefully made food or looked after computers).

We have relied on combinations of discursive and visual data with a view to providing a deeper understanding of the participants’ accounts and encourage free associations that could have been less accessible in more traditional qualitative interview techniques. We employed

some key psychoanalytic (Kleinian) concepts and explored their articulation and re-articulation. Compared to other methods of data analysis, this allowed us to gain a more “penetrative” understanding of care, one that (at least) begun to take into account the biographical, relational and institutional-level influences that render care a tentative capacity. This understanding contrasts, for instance, with content analysis (focusing e.g., on the regularity of different codings of care), semiotics (e.g., the meaning of different signs and symbols of care in consumption), and discourse analysis (e.g., the different ways of “talking” and “visualising” care in consumption; e.g., Rose, 2001). Rather than arguing for the superiority of psychoanalysis compared to these traditions, we seek to highlight the distinctiveness of its contribution within a multimodal analytic context.

Applications of Kleinian psychoanalysis have been criticized on various grounds, not least because of its “normalizing” tendencies. Although it “recognises the split nature of the subject...pursues a sense-making agenda that everything comes together in the end...The integrative capacity of the depressive position is taken as the norm of mental health, even though there is usually an acknowledgment that people continue to oscillate throughout their whole lives between this and a more fragmentary paranoid-schizoid position and that this is a necessary and creative process” (Frosh, 2010: 205). In other words, the view of splitting mechanisms (in-group/out-group; good/bad) as *a priori* inferior to integrating ones can be viewed as part of reformist rather than radical politics. To return to one of the current examples, there was a certain critical edge in Chris’s inversion of the splitting logics already maintained within dominant discourses and institutions. To view this as a matter of moving onto the depressive position would be to take that critical edge away.

To conclude, we have argued, care in consumption is fundamentally psycho-social. The capacity to care is vital to how consumers’ experience themselves, their consumption projects

and indeed, their lives. The opportunity this presents to future studies of consumption ethics is to continue, as others have proposed, to redress the ethic of justice with an ethic of care (Gabriel, 2015) and an enhanced register of analytic resources that are capable of identifying and explaining the intrapsychic determinants of care as a basis for consumption practices.

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